CIHR—Institute of
Population & Public Health

CIHR IRSC

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Message from the Scientific Director

It is, as Julie Andrews once sang, "So long, farewell, Auf Wiedersehen, good-bye..." Being the inaugural Scientific Director of CIHR-IPPH has meant seven-and-a-half years of the best job I ever had -- no question. And in the process, there have been many people who have contributed to the task of getting the Institute up and running. At the risk of omitting a name or two, I want to recognize -- and thank profusely -- the following:

Erica Di Ruggiero -- widely considered "the best Associate Director", and someone who has taught me a great deal about professionalism and creativity in our seven years together, and who -- after years of being considered already a "professorial personage" across Canada -- is now completing formal doctoral studies in public health policy at the University of Toronto.

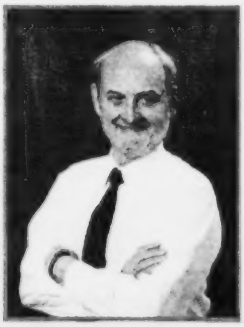
Gail Bryant --- my tireless personal assistant, who always maintains a wide smile -- electronic and personal -- for all the thousands of IPPH contacts she makes every year, and writes the most polite emails of anyone I know, always perfectly composed.

Vera Ndaba -- our skilled Business Officer and Events Coordinator, who always shows her good humour, in the face of often daunting event logistics and the many personal requests of our meeting guests, not to mention keeping the unseen financial wheels of our institute functioning smoothly!

Jaye Skeoch-Brewer -- our very energetic and always witty office assistant, who battles with vigour against the IPPH office machinery that bedevils our existence.

Kim Gaudreau -- our veteran Ottawa-based CIHR colleague, famed for her encyclopedic knowledge of CIHR's inner workings, and who is now a major repository of IPPH institutional memory, as other staff move on to other career developments and life-stages.

Fiona Webster -- our newest team member, always sophisticated in her IPPH work on partnerships and knowledge translation and cheerful despite our shortage of real office-space for her.



Michelle Gagnon our former AD in Ottawa (now Acting Director in the CIHR Knowledge Translation Portfolio and also pursuing doctoral studies), whose strategic sense and careful nurturing of partnerships and knowledge translation activities should not go unmentioned.

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Institute of Population and Public Health
Suite 207-L, Banting Building
100 College Street
Toronto, ON M5G 1L5

Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Policy Intervention Research to Address Social Inequalities in Health: Opportunities for Cross-National Research

by Margaret Whitehead [1], IPPH Advisory Board Member

At the last IPPH Retreat in Vancouver, I was asked to comment on the key policy research questions in the health inequalities arena in Europe and to signal opportunities for potential collaboration with Canada. I am happy to summarise my views here, though perhaps I should start by clarifying what I mean by "social inequalities in health" in a European perspective. This phrase refers to systematic differences in health status between socioeconomic groups (commonly measured by income, education or occupation). As they are socially produced, they are potentially modifiable by concerted action and are widely considered as unfair and unjust. Indeed, the associated unfairness and injustice have been key motivators in Europe for doing something about social inequalities in health.

A major challenge for policy research in this area is that many of the causes of social inequalities in health, as well as the potential solutions to the problem, lie in the wider socioeconomic environment outside the traditional healthcare system. Public policies aimed at improving living and working conditions, for example, may be very important for reducing social inequalities in health, but many of these broader interventions have not been evaluated for their health impact, and the tools and methodologies to do so are underdeveloped. One reason for the lack of policy impact studies is the complexity of the research task. The classic research designs typically employed in medical and drug research can only take us a short distance along the road when it comes to evaluation of non-healthcare policies operating at the regional, national and international level.

Given this situation, there is a growing recognition in the inequalities in health research community of the potential, and indeed necessity, of exploiting "natural policy experiments". These take advantage of situations that arise where variations in policy occur and the effects of exposure to these policies can be investigated. More often than not, the variation in a policy or intervention of interest to evaluators takes place in a number of different countries, making cross-national research collaboration an imperative. Moreover, awareness is growing that the same policy may have a differential effect on different subgroups within a country: beneficial effects for some, but little or even negative effects for others, hence, potentially, generating inequalities in health. Concentrating solely on the overall health impact may miss serious shortcomings of a policy, so the measurement of the distributional effects needs to be a standard part of the evaluation process. What we have learnt so far in European networks attempting to tackle these complex evaluation issues, however, is that no one country has the opportunity or capacity to test and evaluate effective strategies to reduce health inequalities in this way. It is another important reason for cross-national collaboration: to pool both research capacity and the conditions for natural experiments.

This is where I see a prime research opportunity for our respective countries: to exploit natural policy experiments taking place in Canada and European welfare states to assess the health impact of public policies and interventions on health inequalities. In many respects, European countries are natural comparators for Canada for policy evaluation purposes – more so than the more usual comparator of the USA – as they share common principles on which their welfare systems and wider social policies are built. One example of a current collaboration of this nature is a UK Public Health Research Consortium study that I am leading, investigating the impact of policies and strategies to help chronically ill and disabled people into work (2). This takes advantage of the policy concern in the six study countries - UK, Sweden, Norway, Finland, Denmark and Canada (3) – about the growing numbers of chronically ill and disabled people who are not in employment, and the social exclusion and reduction in living standards that this situation too often brings. Coupled with this is the evidence of a social gradient in employment chances for people with a chronic illness: declining chances with declining socioeconomic position, but which varies in magnitude in different country contexts. All six countries have initiated policies and interventions to improve the employment chances of these groups and this study combines empirical analysis of individual level data on health, socioeconomic and employment trends, with policy analysis and evidence synthesis on the effectiveness of the interventions that have been tried. The aim is to understand more about what types of action show the most promise and for which population groups in which contexts.

Another fruitful area for cross-national policy-relevant research is in the field of evidence synthesis. The traditional methods of carrying out systematic reviews developed in the context of evidence-based medicine are just not adequate (and sometimes not even appropriate) for assessing the evidence of the effects of complex public health interventions and policies on the social determinants of health. New and innovative methods are needed to assemble the jigsaw of

(Continued on page 3)

S.D. Message — continued from page 1

The wonderful IPPH Institute Advisory Board members, present and past, who give generously of their time and talent to move the collective enterprise forward and develop the field.

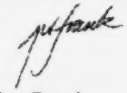
All our partners, inside and outside CIHR, including our close colleagues at the other 12 Institutes, without whom we would have accomplished much less, since 2001.

All the public and population health researchers, professionals, and policy-makers across Canada, and globally (through our participation in the Global Health Research Initiative), without whose support we would have had no higher purpose.

And those whose names and titles I have inadvertently omitted -- whoever and wherever you are -- thank you.

As I now depart for the new adventure of establishing the Scottish Collaboration for Public Health Research and Policy, I invite you all to keep in touch, via the University of Edinburgh where I will hold a Chair.

Warmest regards,



John Frank
Scientific Director

The Last Straw Board Game!

Over the last three years graduate students Kate Reeve (Michael G. DeGroote School of Medicine, McMaster University) and Kate Rossiter (University of Toronto, Public Health Sciences) developed and produced The Last Straw!(c), an exciting and innovative board game about the social determinants of health. The game has just been released for public purchase.

The Last Straw!(c) has proven to be a valuable participatory education tool on the social determinants of health. Through the course of the game, players are taken through the life cycle where they will encounter "macro" issues such as political climate, economic structure and environmental change, as well as "micro" issues, such as individual finances, education, and family dynamics. Players also learn how these "macro" and "mirco" issues are linked: the health of both individuals and the whole community are at stake.

The Last Straw!(c) is participatory education at its most inventive and entertaining!

For more information or to purchase a copy of The Last Straw!(c), visit www.thelaststraw.ca

... opportunities... — continued from page 2

different kinds of evidence to answer policy questions related to inequalities in health (4, 5). Several cross-national initiatives have recently emerged to further this end, including the new Cochrane Public Health Review Group, which includes editors from Canada, UK, Australia, USA and a range of other countries.

In short, there is both a pressing need, and no shortage of promising possibilities, to join forces to address policy research questions on social inequalities in health.

Notes/References

1) Margaret Whitehead is WH Duncan Professor of Public Health and Head, World Health Organisation Collaborating Centre for Policy Research on Social Determinants of Health, University of Liverpool, UK. Email: mmw@liverpool.ac.uk

2) See PHRC website for full programme of research at: www.york.ac.uk/phrc.

3) The Canadian partners in this project are Edward Ng, Sharanjit Uppal and Wen-Hao Chen from Statistics Canada.

4) Petticrew M, Whitehead M, Macintyre S, Graham H, Egan M. (2004) Evidence for public health policy on inequalities Paper I: the reality according to policymakers. Journal of Epidemiology and Community Health; 58:811-6.

5) Whitehead M. Petticrew M. Graham H. Macintyre S. Bambra C. Egan M. (2004) Evidence for public health policy on inequalities Paper II: assembling the evidence jigsaw. Journal of Epidemiology and Community Health; 58:817-821.

Hail and Farewell to the Chief

from Members of the IPPH Advisory Board

When you read this newsletter, John Frank will be in the final days of his mandate as the inaugural Scientific Director of CIHR's Institute of Population and Public Health (IPPH). We want to take this opportunity to express the Institute Advisory Board's and our own deep gratitude for his leadership, vision and stewardship of IPPH – John put IPPH on a path of excellence and relevance during its early years. We would also like to recognize Erica Di Ruggiero, the Associate Director, for her insightful contributions and key role in strengthening public health in Canada. Under their guidance, IPPH became not only the key player for population and public health research in Canada, but it also contributed significantly to the overall development and strengthening of public health capacity.

The public health landscape has changed dramatically since CIHR and IPPH were created in 2000, and the Institute played a key role in conceptualizing and painting this landscape. Starting with the landmark 'Future of Public Health in Canada' report in 2003, IPPH warned that our fragile public health system left the country vulnerable to a variety of threats. As a result, Canada needed a major overhaul of the entire system – from legislative reforms to staff training – to improve our capacity to respond to these threats. IPPH's document and other reports released in the wake of public health crises such as SARS and Walkerton were instrumental in the subsequent public health reforms, one of which was the creation of the Public Health Agency of Canada (PHAC).

In partnership with PHAC, the Institute created programs to develop the capacity of the public health system including funding for Masters of Public Health programs, doctoral awards and fellowships in public health and the most recent Chairs in Applied Public Health research program. IPPH also created the concept of Summer Institutes which, every year, bring together graduate students and seasoned researchers to learn about different facets of population health research and to develop networks. In addition, the recent creation of the Population Health Intervention Research Initiative for Canada, a multi-institution partnership to increase the quality and quantity of intervention research for use by policy-makers, should improve the evidence-informed decision-making process for public health programs and policies in Canada for decades to come.

Indeed, capacity building has been the hallmark of the tenure of John Frank at the helm of IPPH. The seven Centres for Research Development are a case-in-point. They represent the most important investment IPPH has made to build infrastructure and research capacity in Canada. Located across the country, the Centres focus on diverse research areas of high relevance for the country, including urban health, rural health and agricultural health, social inequalities, occupational asthma, prevention, and intervention research. These Centres are designed to enable the generation of relevant evidence and its application in public health and policy making. Governed by a partnership of decision-makers and researchers, they develop innovative research, training and knowledge translation initiatives to address the complex social and physical environmental determinants of health.

The reach of IPPH has extended well beyond the borders of Canada. Showing an uncanny understanding of the international nature of population and public health, the Institute nurtured historic partnerships with IDRC, CIDA and Health Canada to put together the Global Health Research Initiative. It intends to strengthen global health research to respond to health and health systems problems of low and middle income countries (LMIC). Several Canada-LMIC collaborations have emerged from this initiative, including the Teasdale-Corti Program which has funded, among others, several Canada-LMIC research teams.

It is hard to imagine the IPPH without John. His shoes will be difficult to fill. We look forward to building on this legacy with the new leadership at IPPH over the years to come, but we will truly miss John's energetic, enthusiastic and engaging personality, and his sense of purpose and dedication to the improvement of population and public health research, and indeed, his commitment to the health of all Canadians.

Gilles Paradis
Chair, Institute Advisory Board, IPPH

Patricia Martens
Vice-Chair, Institute Advisory Board, IPPH

Robert Brunham
Past-Chair, Institute Advisory Board, (2005-07)

Jean-Yves Savoie
Past-Chair, Institute Advisory Board, (2000-2005)

Inequalities in Health in Northern Ireland

by Dermot O'Reilly, Queen's University, Belfast

Northern Ireland is one of the most deprived and least healthy parts of the United Kingdom (UK). Income levels are about 15% lower than the national average and, with the lowest proportion of the working age population in employment, welfare dependence is much higher than other parts of the UK[1]. An estimated 25% of children and 20% of pensioners currently live in poverty[2-4].

To date research into health inequalities here has been limited but shows patterns similar to the rest of the developed world: men and women living in areas suffering the highest deprivation levels have respective life expectancies at birth 8.4 and 4.5 years less than those from the most affluent areas. Variations in healthy life expectancy show even larger differences. People living in poorer households are 3-4 times more likely to complain of longstanding illness and 6-7 times more likely to report having a disability[5]. Association between lower socio-economic circumstance and adverse lifestyle factors such as smoking, excess alcohol consumption and unhealthy diet is also evident[6]. People in disadvantaged areas endure higher levels of stressors and lower levels of social support, and it was these disadvantaged areas that bore the brunt of the 30 plus years of civil unrest, known locally as 'The Troubles'[7].

Inequalities in health and access to and use of health services are now routinely monitored, by comparing the most deprived areas against the Northern Ireland average[8]. However, recent research has shown that, because no account is taken of the selective migration of people between areas, these modified ecological approaches may be misleading as a guide to policy effectiveness[9].

Northern Ireland currently experiences similar difficulties as other parts of the developed world in deciding how to reduce inequalities in health due to disadvantage and, although there has been a greater equality thrust in legislation in recent years, it is recognised that there is a need for more effective policy analysis to demonstrate the efficacy, or otherwise, of these approaches. Current evidence suggests little change in the magnitude of health inequalities over recent years.

The recent political settlement (the 'Good Friday Agreement') has established both the foundations for peace in Northern Ireland and a large measure of political autonomy. Local politicians, perhaps hoping to emulate the recent economic success enjoyed in the South of the Island (the so called 'Celtic Tiger') have demonstrated a refreshing willingness to collaborate for the common good. In response to a series of reports demonstrating the pervasive and socially corrosive nature of poverty in Northern Ireland, the devolved Government has recently published an Anti-Poverty and Social Inclusion Strategy[10]. This cross-departmental approach, focusing on children, working age adults and older citizens, will be overseen by a Central Anti-Poverty Unit who will evaluate its overall impact. However, local politicians are constrained in what they can achieve in this respect since key areas, such as fiscal policy, that would enable a significant redistribution of resources, remain the responsibility of central UK government.

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1) Northern Ireland Statistics and Research Agency. Annual Abstracts of Statistics 2005. National Statistics Publication 2005.

2) Hilyard P, Kelly G, McLaughlin E, Patsios D, Tomlinson M. Bare necessities: Poverty and Social Exclusion in Northern Ireland – key findings. Belfast: Democratic Dialogue. 2003.

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7) O'Reilly D, Stevenson M. Mental health in Northern Ireland: have 'the Troubles' made it worse? J Epidemiol Community Health 2003; 57: 488-492.

8) Stewart B, Quigley D, Maynock M. Health and social care Inequalities monitoring system: Second update Bulletin 2007. Department of Health, Social Services and Public Safety, 2007.

9) Connolly S, O'Reilly D, Rosato M. Has the increasing inequality in health in England and Wales been caused by the selective movement of people between areas? A 12-year mortality study using the Longitudinal Study. Soc Sci Med 2007; 64:2008-2015.

10) Lifetime Opportunities – Government's Anti-Poverty and Social Inclusion Strategy for Northern Ireland. Office for First and Deputy First Minister. Available at: www.ofmdfmni.gov.uk/antipovertyandsocialinclusion.pdf

2008 Dr. John Hastings CPHA Student Award, Population & Public Health Student Awards, and Rural & Remote Health Student Travel Bursary Program

The Institute of Population and Public Health (IPPH), in partnership with the Canadian Public Health Association (CPHA), the Canadian Population Health Initiative (CPHI) and the Public Health Agency of Canada (PHAC) are pleased to announce the results of the 2008 Dr. John Hastings CPHA Student Award Program, the Population and Public Health Student Award Program and the Student Travel Bursary Program. The award winning research abstracts represent diverse topics in Population and Public Health research, policy and practice, particularly as they relate to the conference theme: "Reducing Health Inequalities: Through Evidence and Action" and conference streams: People, Places and Effecting Systems Change.

Dr. John Hastings CPHA Student Award:

Ms. Brenda Currie, a PhD student in the Department of Oral Biological and Surgical Sciences, Faculty of Dentistry at the University of British Columbia, for her abstract, "Improving oral health outcomes through community partnership: Oral cancer screenings in a high-risk community". The Dr. John Hastings CPHA Student Award is presented to one successful applicant for the best abstract.

PhD Level Population and Public Health Student Awards:

Mr. Brian Evoy, a PhD student in the Interdisciplinary Graduate Studies Program at the University of British Columbia, for his abstract, "Ethical decision making processes used in funding tailored health services".

Ms. Pamela Cameron, a PhD student in the Faculty of Social Work at the University of Calgary, for her abstract, "Where we live: Retaining physicians in rural communities in Alberta".

Masters Level Population and Public Health Student Awards:

Ms. Jessica Reid, a Masters student in the Department of Health Studies and Gerontology at the University of Waterloo, for her abstract, "Socioeconomic status and smoking in Canada, 1999-2006: Has there been any progress on disparities in tobacco use?".

Ms. Elizabeth Estey, a Masters student in the Aboriginal Health Research Group at the University of Victoria, for her abstract, "An exploration of knowledge translation in the context of an Aboriginal Health Research Network".

This is the fifth year of the awards program, which is intended to recognize excellence in Masters and PhD level population and public health research in Canada. In addition to a cash prize, the awards provide an opportunity for students to present their research at the Annual CPHA Conference being held in Halifax, Nova Scotia from June 1-4, 2008, and to have their research published in a special insert of the Canadian Journal of Public Health. For more information about the awards and conference, visit the CPHA Conference website at: www.cpha.ca/en/conferences/cphaconf.aspx

2008 CPHA Conference Student Travel Bursaries

For the second year, CIHR-IPPH and the Public Health Agency of Canada (PHAC) have co-sponsored the Student Travel Bursary Program at CPHA Conference. In addition, the Atlantic RURAL Centre, a collaborative research network and resource centre based in Atlantic Canada, offered a travel bursary to the best abstract addressing dimensions of physical and social environmental factors affecting health of rural and remote Canadians.

Student Travel Bursaries:

Ms. Esme Lanktree, a Masters student in Global Health at the University of Alberta, for her abstract, "Challenges in fieldwork experienced during a prospective cohort study on HIV and breastfeeding in Kabarole District, Uganda".

Ms. Deborah Weiss, a PhD student in the Department of Epidemiology, Biostatistics and Occupational Health at McGill University, for her abstract, "Physical activity in seniors: Does perception match reality?".

Ms. Jennie Petersen, a Masters student in the Faculty of Kinesiology at the University of Calgary, for her abstract, "Cost-effectiveness of the VERB physical activity awareness campaign".

Student Travel Bursary for Excellence in Rural and Remote Health Research:

Ms. Krista Rondeau, a Masters student at the Centre for Health Promotion Studies, School of Public Health at the University of Alberta, for her abstract, "I know what's gone into it: Farm women's conceptualization of food safety in three Canadian provinces".

15th Canadian Conference on International Health

The 15th Canadian Conference on International Health is fast approaching and is being held on October 26 - 29, 2008 at the Ottawa Marriott, 100 Kent St., Ottawa, ON, Canada.

The theme this year, "Checking In: Health for All or Health for Some?", promises to provide an opportunity to reflect the thirty years that have passed since the World Health Organization endorsed the vision of Alma Ata, "Health for All", and to collectively question whether and how Health for All remains our vision today.

Please check our website at "www.csih.org/en/ccih/index.asp" for regular conference updates. The conference will provide exciting opportunities for learning, networking and sharing projects and proposals. We hope you can join us.

CIHR IPPH is proud to be a partner of the:

Canadian Public Health Association
2008 Annual Conference

Public Health in Canada:
Reducing Health Inequalities through Evidence & Action

Halifax, Nova Scotia
June 1-4, 2008

IPPH Staff

Toronto-based IPPH Staff:

Scientific Director
John Frank
john.frank@utoronto.ca

Associate Director
Erica Di Ruggiero
e.diruggiero@utoronto.ca

Financial/Event Officer
Vera Ndaba
v.ndaba@utoronto.ca

Executive Assistant
Gail D. Bryant
gail.bryant@utoronto.ca

Administrative Assistant
Jaye Skeoch-Brewer
cihr.ipph@utoronto.ca

In Toronto:
Fax: 416-946-7984

Ottawa-based IPPH Staff:

Assistant Director
Fiona Webster
fwebster@cihr-irsc.gc.ca

Associate, Strategic Initiatives
Kim Gaudreau
kgaudreau@cihr-irsc.gc.ca

In Ottawa:
Fax: 613-954-1800

For general inquiries, or to be added to our E-mail News List, please contact:
cihr.ipph@utoronto.ca

CIHR IRSC

FUNDING OPPORTUNITIES

IPPH is pleased to announce the following funding opportunities:

Meetings, Planning and Dissemination Grants: Population and Public Health & Global Health

The purpose of the Meetings, Planning and Dissemination Grant program is to provide financial support for the broad category of Meetings, Planning and/or Dissemination activities that are consistent with the mandate of CIHR and relevant to CIHR Institutes, Initiatives, or Branches.

IPPH will fund meritorious knowledge exchange activities (e.g., workshops, environmental scans, researcher exchanges to facilitate joint research project development with/between IPPH-funded teams/centres/training initiatives) to facilitate collaboration among individuals from a variety of disciplines, backgrounds and roles (e.g., researchers and research users such as program managers, policy-makers and practitioners).

IPPH is also offering Meetings, Planning and Dissemination Grants in Global Health Research to assist Canadian researchers in exploring, developing and/or establishing new collaborations with LMIC researchers. These one-time grants support Canadian participation in the initial (pre-research) stages of cooperation and developmental activities designed to lead to new collaborations in global health research and its application. Please note that this program does not support ongoing research projects.

Catalyst Grant: Population and Public Health

The primary objectives of the Catalyst Grant program are to generate preliminary observations, data or knowledge, or to facilitate team formation, as a first step towards the pursuit of more comprehensive funding opportunities (e.g., operating grants, team grants) by researchers or teams of researchers. Furthermore, the program is intended to support original, high quality projects which have the potential to generate high impact results and/or innovative research proposals, research tools, techniques, devices, inventions, or methodologies.

Operating Grant: Intervention Research (Healthy Living and Chronic Disease Prevention)

The purpose of this funding opportunity is to support the prompt initiation of intervention and evaluation research on rapidly unfolding programs, events, and/or policy initiatives/changes with the potential to impact healthy living and/or chronic disease prevention at the population level. Note that for the purpose of this document, "population-level" encapsulates any defined group of individuals sharing some set of characteristics in common. Communities, workplaces, schools and ethnic groups would all be considered examples of "populations". This funding opportunity strongly encourages close collaboration between program implementers and researchers but it will not support situations where the implementer and the researcher are the same person/ entity. The program must be outside of the control of the researcher to be considered for this opportunity.

For more information on current funding opportunities, please visit our IPPH website at : www.cihr-irsc.gc.ca/e/13788.html